



The City of Belen Parks and Recreation Department

YOUTH BASKETBALL

2nd – 8th grade



Participant Information

First Name: _____ Last Name: _____ Grade: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____ Age: _____ Gender: Male _____ Female _____

T-Shirt Size: Y Medium _____ Y Large _____ A Small _____ A Medium _____ A Large _____ A XL _____

Please list all Child's Medical Conditions:

Parent/Guardian Information

Parent/Guardian Name: _____ Home/Cell Phone: _____

Parent/Guardian Name: _____ Home/Cell Phone: _____

Emergency Contact (other than parent)

Name: _____ Home/Cell Phone: _____ Relationship: _____

Parents' Code of Conduct

I understand that sportsmanship, skill development, fun and participation are an important part of the Youth Basketball program. I agree to cooperate with league officials and coaches to achieve the purpose of this program and conduct myself in the appropriate manner. In signing this document I relieve the City of Belen Parks and Recreation Department, Belen Consolidated Schools and all of its employees and volunteers of any and all injuries and accidents that might occur while participating in this activity.

Parent/Guardian Signature

Date

PLEASE NOTE THAT **NO REFUNDS** WILL BE GIVEN.

OFFICE USE ONLY

Early Registration: \$40.00 first child _____ \$35.00 second child _____ \$30.00 any child after _____

Regular Registration: \$45.00 first child _____ \$40.00 second child _____ \$35.00 any child after _____

Late Registration: \$50.00 first child _____ \$45.00 second child _____ \$40.00 any child after _____

Cash _____ Check # _____ Receipt # _____ Employee _____